

2002-2003

Alberta Heritage Foundation for Medical Research



AHFMR Mission

We support a community of researchers who generate knowledge whose application improves the health and quality of life of Albertans and people throughout the world. Our long-term commitment is to fund health research based on international standards of excellence and carried out by new and established investigators and researchers in training.





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Full consolidated financial statements are available from AHFMR.

> Please call us at (780) 423-5727, or e-mail us at ahfmrinfo@ahfmr.ab.ca, or write us at: AHFMR, Suite 1500, 10104 -103 Avenue, Edmonton, Alberta, T5J 4A7, for a copy mailed to you free of charge.



AHFMR contact information

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AHFMR



ALBERTA HERITAGE FOUNDATION For Medical Research

What is our endowment?



The Alberta Heritage Foundation for Medical Research Endowment Fund was established in 1980 to finance the objectives of the Foundation – to establish a long-term program of medical and health research in the Province. The Fund operates under

the authority of the Alberta Heritage Foundation for Medical Research Act. The initial investment was \$300 million.

How is it managed?

The investment policy was developed over a number of years by Alberta Revenue in cooperation with the AHFMR Board. The investment policy takes into account the expected

conditions in the capital markets, the need for prudent investments, and a sustainable longer term spending program by the Foundation. The investment strategy under this policy is managed by the Investment Management Division of Alberta Revenue. The fund contains a diversified holding of Canadian investments along with equity investments in a number of international markets.

How do we decide how much we need to support our programs each year?

AHFMR management develops long range projections, based on Trustee decisions about maintaining current programs and developing new ones. These projections reflect the cost and number of investigators for each program, related costs and the anticipated value of the endowment. Annual budgets are then developed from this long-range projection.

Why do actual expenditures sometimes vary from the budget?

Budgets are based on estimates of quality and number of applications for programs and the results of the review process. Actual expenditures may vary from the budget, depending on the quality and number of applications received and approved, and the number of awards accepted. (Excellence is the primary criteria for funding proposals.) In addition, the Foundation responds to needs as they arise in the community and unforeseen opportunities may result in increased spending.

How do we determine how much to transfer from the endowment to cover our budget?

Foundation management works with Alberta Revenue in developing long term investment forecasts and strategies to ensure sufficient cash to fund current operations, while maintaining the value of the endowment by providing sufficient reinvestment of income to ensure future commitments can be met. To provide this balance between current needs and long term goals, the Trustees have adopted a guideline for how much can be transferred each year. This guideline recognizes that annual income to the endowment could vary drastically, depending on the performance of financial markets in which investments are made. To protect the programs of research from suffering

dramatic cutbacks should there be years of significant poor returns, the guideline has two components.

The suggested maximum transferable to the Foundation from the Fund in any year is 70% of the previous year's expenditures, plus 30% of 5% of the opening balance of the endowment. This is a variation of the commonly used 5% rule for endowments which states that, to fund current programs and maintain the potential to fund into the future, only 5% of the value of an endowment should be spent annually.

What is the investment strategy for the endowment?

Due to these relatively high cash requirements to fund annual expenditures, the portfolio is structured to generate a high level of current income with a high degree of certainty. The current portfolio provides for the spending requirements plus growth to cover inflation, with a reasonable margin of safety. In order to generate this income, Alberta Revenue has developed a target asset mix for investments in short term, fixed income and equities. These investments are managed approximately 80% directly by Alberta Revenue and 20% by international and US managers.

How is Fund performance evaluated?

The Investment Management Division Strategy Committee of Alberta Revenue regularly reviews and benchmarks asset classes, and monitors the performance of fund managers, Alberta Revenue meets regularly with Foundation management, and reports fund performance to AHFMR Trustees.

How does the AHFMR decide whom to fund?

All final decisions about people and projects supported by AHFMR are made by the Trustees. They must weigh the mandate—to support a balanced program of research that meets standards of excellence—against available income, a portion which must be added to the endowment to conserve purchasing power for the future.

Who advises the Trustees?

The AHFMR Board of Trustees and executive rely on advice from many people in the international, national, and provincial medical research and health communities. Members of the AHFMR Scientific Advisory Council advise on major applications and policy decisions related to research. Other scientists and stakeholders in research, education and health serve on AHFMR Committees or as consultants. The Foundation has numerous peer-review and/or advisory committees for various programs.

How are the applications for funding evaluated?

AHFMR follows the established procedure of evaluating applications by a peer review system, whereby applications are evaluated and rated by other researchers and/or users of health research information who have expert knowledge in each applicant's field of study. These include external reviewers who may be working in any part of the world, as well as internal AHFMR committees with representatives from universities and hospitals in Alberta and throughout North America. These peer review committees then forward their evaluations and recommendations to the Trustees.

How do successful candidates receive their funding?

Researchers funded by AHFMR are recruited by the universities, hospitals, or other organizations where they will conduct their research, and these host organizations sponsor their applications for AHFMR funding. Successful applicants become employees of these organizations, not of AHFMR, although AHFMR may pay their salary and provide other support.

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Award and other programs of AHFMR



HFMR awards are determined by a system called peer review. AHFMR receives applications from the individual and the host university or other host institution

where the research will be carried out. The applications are sent to outside reviewers with expertise in relevant fields and these reviewers assess the qualifications of the applicant and the feasibility, importance, and originality of the proposed projects. Then the application is assessed by an AHFMR committee of reviewers, who rank applicants in order of excellence, and forward recommendations to AHFMR's Board of Trustees.

Applications for the most senior award, Heritage Medical Scientist, and for major research thrusts, are reviewed by the international Scientific Advisory Council to ensure activities supported meet world standards.

For details of each of the following competitive award programs, please go to http://www.ahfmr.ab.ca/researchers.html

- Heritage Scientists
- Heritage Senior Scholars
- Heritage Scholars
- Heritage Clinical Investigators
- · Heritage Population Health Investigators
- Independent Establishment Grants for New Investigators
- Heritage Fellowships
- Heritage Clinical Fellowships
- Heritage Health Research Career Renewal Awards
- Heritage M.D./Ph.D. Trainees
- Dr. Lionel E. McLeod Health Research Scholarship
- Heritage Major Equipment Grants
- · Heritage Institutional Support Programs
- Technology Commercialization (TC) Program
- Heritage Youth Researcher Summer Program (HYRS)
- Heritage Community Health Research Visiting Lecturer Program
- Heritage Community Health Research Travel Grant Program
- AHFMR Opportunity Fund
- AHFMR Challenge Offer

- Canada Research Chairs/AHFMR Partnership
- · AHFMR Research Prize
- Other AHFMR Programs

Applied Health Research Programs

AHFMR's Applied Health Research Programs (AHRP) coordinates initiatives geared towards building the capacity for health research as well as the effective use of the information from research by the health system. AHRP includes the Swift Efficient Application of Research in Community Health (SEARCH) program, which trains health professionals and networks them throughout Alberta to conduct research on priority health issues affecting their communities. AHRP oversees four other activities:

- The Community Research Ethics Board of Alberta (CREBA)
- The Health Research Transfer Network of Alberta (RTNA)
- Alberta Consultative Health Research Network (ACHRN)
- Alberta Family Practice Research Network (AFPRN)

Health Technology Assessment Unit

AHFMR established the Health Technology Assessment (HTA) Unit in 1995, under the Health Research Collaboration Agreement—a contractual arrangement between Alberta Health & Wellness and AHFMR. The HTA Unit operates independently from other governmental organizations and agencies and is affiliated with national and international health technology assessment agencies. It conducts thorough assessments, based on requests from government, health organizations, and health care professionals, of health technologies—drugs, medical devices, medical and surgical procedures, and the administrative and support systems within which health care is delivered.

Impact Analysis Unit

AHFMR's Impact Analysis Unit advises, coordinates, commissions, and conducts impact analysis activities related to AHFMR's programs. "Impact" refers to the broad and diverse effects stemming from AHFMR activities, which can be short, medium, and long term in nature. "Analysis" refers to the judging, appraising, or determining the worth, value or quality of activities, in terms of its relevance, effectiveness, efficiency, and outcomes. The scope of the impact analysis activity includes all AHFMR activities.

The Alberta Heritage Foundation for Medical Research has granted more than \$750 million to support health research in Alberta. The Foundation and the Alberta research community rely heavily on the contributions of many partners to build and sustain health research in the province. It is estimated that for every Heritage dollar invested, AHFMR researchers attract \$2-3 in outside funding.

A

major funding partner in the Heritage health research enterprise in Alberta is the federal government through its major granting agencies: the Canadian Institutes

of Health Research, the Natural Sciences and Engineering Research Council, the Social Sciences and Humanities Research Council, the Canadian Health Services Research Foundation, the Canada Foundation for Innovation, and Industry Canada.

The Government of Alberta, through a number of ministries, health regions, departments, and programs, is also a significant partner in AHFMR's endeavours to develop the health research capacity provincially.

The University of Alberta, the University of Calgary, and the University of Lethbridge are key partners with AHFMR in the realization of health research excellence in the classroom, laboratory and at the bedside.

Voluntary funding agencies represent the hope of millions. Their contributions to the work of AHFMR funded researchers are helping to turn hope into realization. The Canadian Heart and Stroke Foundation, the Juvenile Diabetes Foundation, the National Cancer Institutes of Canada and others are valuable allies and agents for better health.

Pharmaceutical companies individually or through the Pharmaceutical Manufacturers Association of Canada are committed to investing in the excellence that AHFMR-funded research delivers.

International funding partners increasingly contribute to Heritage-funded research and include the Whitaker Foundation, the National Institutes of Health, the Wellcome Trust, and many other agencies.

To these partners and to all teachers, politicians, members of the media, and the public whose interest in, and support of, Heritage health research activities have helped us spread the story of AHFMR successes, we thank you and look forward to working with you in the years to come.

From time to time, individuals send donations to AHFMR. We cannot accept donations directly, and have set up another non-profit foundation with similar objectives called the Alberta Foundation for Health Research. If you would like to contribute to the success of ongoing health research efforts in Alberta, you can donate to this foundation. All funds support health researchers in their efforts to create better health now and in the future. All donations are tax deductible. Please call (780) 426-3472 or e-mail ahfmrinfo@ahfmr.ab.ca or write us at: Alberta Foundation for Health Research, c/o Suite 1500, 10104 – 103 Avenue, Edmonton, Alberta, T5J 4A7, for more information.



Success Rates for AHFMR Grants and Awards/Programs

The results are expressed as a number of applications approved/number of applications received; followed by the percentage success rate.

COMPETITION	2	2002/2003	
TRAINING AWARDS	11 - 1 - 1 - 1 - 1		
Heritage Youth Researcher Summer (HYRS)	45/196	23%	
Summer Students	205/405	51%	
Students	35/96	36%	
Fellows	29/116	25%	
SENIOR INVESTIGATOR (BIOMEDICAL/	CLINICAL) AWARDS		
Clinical Investigator	7/12	58%	
Independent Establishment	0/0		
Scholar	8/23	35%	
Senior Scholar	8/13	62%	
Scientist	8/23	35%	
SENIOR INVESTIGATOR (HEALTH) AWA	R D S		
Population Health Investigator	7/26	27%	
Health Independent Establishment	1/1	100%	
Health Scholar	3/7	43%	
Health Senior Scholar	1/1	100%	
Health Scientist	0/1	0%	
OTHER PROGRAMS			
Major Equipment	42/64	39%	
Health Research Fund	16/33	48%	
Conference Grants	26/35	74%	
Community Health Visiting Programs	12/14	86%	
	493/1212	41%	
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Trainee applications/awards include Biomedical, Clinical, MD/PhD and Health Research.

For its senior personnel awards competitions and for the Health Research Fund, AHFMR received over 600 external reviews of applications, which were considered by more than 50 members of 7 review committees who advised the Foundation on these programs.

Applications for Trainee awards were considered by over 30 different members of 5 review committees.

Funding details of the Technology Commercialization Program

In 2002/2003, the dollar amount was \$1,138,020. The projects were funded in six areas: Drugs, Medical Devices, Medical Research Technology, Diagnostics, Internship/Training, and Industry Support.

TCP (APPLICATIONS APPROVED/RECEIVED)

2002/2003 15/28

^{*}Includes University spin-off companies that applied independently.

AHFMR Advisory Committee Memberships 2002-2003

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*denotes members who started after April 1, 2002 and before March 31, 2003



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Dr. Martin GleaveJack Bell Research Centre
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Mr. David Kitchen Calgary, Alberta

AHFMR Applied Health Research Advisory Committee Memberships 2002-2003

Alberta Consultative Health Research Network

No longer in existence

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University of Calgary Calgary, Alberta

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Research Network
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SEARCH Faculty Committee

Dr. Ann Casebeer University of Calgary Calgary, Alberta

Mr. Steven Clelland**
University of Alberta
Edmonton, Alberta

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AHFMR Applied Health Research Advisory Committee Memberships 2002-2003, continued...

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Dr. Karen Golden-Biddle University of Alberta Edmonton, Alberta

Dr. Robert Hayward University of Alberta Edmonton, Alberta

Ms. Sharon Matthias Matthias Inc; Designing the Future Edmonton, Alberta

Dr. Patricia Reay University of Alberta Edmonton, Alberta

Dr. L. Duncan Saunders**University of Alberta Edmonton, Alberta

Dr. Alan ShiellUniversity of Calgary Calgary, Alberta

Dr. Donna L. Smith University of Alberta Edmonton, Alberta

Dr. Marja Verhoef University of Calgary Calgary, Alberta

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Ms. Kelly Deis* University of Alberta Edmonton, Alberta

Dr. Ron Gorsche

Rural Physician Action Plan High River, Alberta

Ms. Eileen Grant** Calgary Health Region Calgary, Alberta

Ms. Sharon MatthiasMatthias Inc: Designing the Future Edmonton, Alberta

Dr. Maeve O'Berine University of Calgary Calgary, Alberta

Ms. Patricia Pelton** Northern Lights Regional Health Services Fort McMurray. Alberta

Ms. Donna Strating* Capital Health Authority

Capital Health Authority Edmonton, Alberta

Dr. Patricia Reay**University of Alberta Edmonton, Alberta

Ms. Brenda Waye-Perry Alberta Health and Wellness Edmonton, Alberta

**term began between April 1, 2002 and March 31, 2003

Institutional, Provincial, National and International awards won by AHFMR-supported researchers and trainees in 2002-2003*

Dr. Todd Anderson

Cochrane Distinguished Achievement Award for Excellence in Research

Dr. Joe Casey

J.A.F. Stevenson Young Investigator Award of the Canadian Physiological Society (2002)

Dr. Tim Caulfield

University of Alberta Alumni Horizon Award

Dr. Sandy Davidge

President's Scientific Achievement Award (Outstanding Record in Scientific Investigation) Society for Gynecologic Investigation (March 2003)

Dr. Andrew Demchuk

Michael S. Pessin Stroke Leadership Prize from the American Academy of Neurology

Dr. Carole Estabrooks

University of Alberta Alumni Horizon Award

Dr. William Ghali

Top 40 under 40 award in Canada

Dr. Kevin Hildebrand

American, British and Canadian (ABC) Orthopaedic Travelling Fellowship

Dr. Paul Kubes

Bowditch Lecture – top Scientist under 42 at Experimental Biology

Dr. Ernest Lam

W.W. Wood Teaching Awards by the Association of Canadian Faculties of Dentistry.

Dr. Peter Light

Merck Frosst Canada Junior Scientist Award 2002

Dr. Stephen Robbins

Watanabe Distinguished Achievement Award for Overall Excellence

Dr. Keith Sharkey

Canadian Association of Gastroenterology Visiting Professor Award (February 2003) Janssen Award for Digestive

Sciences (May 2002) Dr. Philip Tibbo

Poster Prize Award (2002) -3rd place awarded at the AAP Annual Meeting

Dr. Hans Vogel

Immigrant of Distinction, Distinguished Professional Award awarded by the Calgary Immigrant Aid Society

Dr. Michael Walter

Cogan Award of the Association for Research on Vision and Ophthalmology (2002)

Dr. Sam Weiss

ASTech Award for Outstanding Contributions to Science in Alberta

*Awards listed are honours above and beyond endowed chairs or personnel and funding awards received from any agency or organization. All listings are provided by researchers and are edited by AHFMR according to these quidelines.

^{*}term expired between April 1, 2002 and March 31, 2003

AHFMR Personnel Awards*

*currently implemented as of March 31, 2003

Population Health Investigators

Auld, M. Christopher, PhD Faculty of Social Sciences, Department of Economics, U/C*

Brown, Lesley A., PhD Faculty of Arts & Sciences, Department of Kinesiology & Physical Education, U/L*

Currie, Gillian, PhD Faculty of Social Sciences, Department of Economics, U/C

Estabrooks, Carole A., PhD Faculty of Nursing, U/A*

Hegadoren, Kathleen M., PhD Faculty of Nursing, U/A **Hilsden, Robert J., MD, PhD**Faculty of Medicine,
Department of Medicine, U/C

Jardine, Cynthia G., PhD Faculty of Agriculture, Forestry & Home Economics, Department of Human Ecology, U/A

Johnson, Jeffrey A., PhD Faculty of Medicine & Dentistry, Department of Public Health Sciences, U/A

King, Kathryn M., PhD Faculty of Nursing, U/C

Lu, Mingshan, PhDFaculty of Social Sciences,
Department of Economics,
U/C

Majumdar, Sumit R., MD Faculty of Medicine & Dentistry, Department of Medicine, U/A

Maxwell, Colleen J., PhD Faculty of Medicine, Department of Community Health Sciences, U/C

McAlister, Finlay A., MD Faculty of Medicine & Dentistry, Department of Medicine, U/A

McGregor, S. Elizabeth, PhD Department of Epidemiology, Prevention & Screening,

ACB*

Meadows, Lynn M., PhD Faculty of Medicine, Department of Family Medicine, U/C

Paradis, Johanne C., PhD Faculty of Arts, Department of Linguistics, U/A

Patten, Scott B., MD, PhD Faculty of Medicine, Department of Community Health Sciences, U/C

Plotnikoff, Ronald C., PhDFaculty of Physical Education & Recreation, U/A

Rosychuk, Rhonda J., PhD Faculty of Medicine & Dentistry, Department of Pediatrics. U/A **Sin, Donald D., MD**Faculty of Medicine &
Dentistry, Department of
Medicine, U/A

Smythe, James G., PhD Faculty of Arts, Department of Economics, U/A

Tough, Suzanne C., PhDFaculty of Medicine,
Department of Pediatrics, U/C

Wild, T. Cameron, PhD Faculty of Medicine & Dentistry, Department of Public Health Sciences, U/A

* U/A is University of Alberta, U/C is University of Calgary, U/L is University of Lethbridge, ACB is Alberta Cancer Board

Clinical Investigators

Adamko, Darryl J., MD Faculty of Medicine & Dentistry, Department of Pediatrics, University of Alberta

Beck, Paul L., MD, PhDFaculty of Medicine,
Department of Medicine,
University of Calgary

Chan, K. Ming, MD Faculty of Medicine & Dentistry, Department of Physical Med & Rehabilitation (Division), University of Alberta

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Continued, page 14...



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Consolidated Statement of Financial Position

For the year ended March 31, 2003 (THOUSANDS OF DOLLARS)

	2003	 2002
ASSETS		
CURRENT		
CASH	\$ 5,753	\$ 9,805
ACCOUNTS RECEIVABLE	89	160
ADVANCES AND PREPAID EXPENSES	91	106
	5,933	10,071
LONG TERM		
PROPERTY, PLANT AND EQUIPMENT	765	769
TOTAL ASSETS	\$ 6,698	\$ 10,840
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS	\$ 2,986 7,577	4,269 5,654
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES		
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS	7,577	5,654
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS L O N G T E R M ACCRUED RETIREMENT ALLOWANCE	7,577	5,654 9,923 356
CURRENT ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS LONG TERM	7,577	5,654 9,923
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS L O N G T E R M ACCRUED RETIREMENT ALLOWANCE	7,577	5,654 9,923 356
CURRENT ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS LONG TERM ACCRUED RETIREMENT ALLOWANCE ACCRUED BENEFIT LIABILITY	7,577 10,563 401 271	5,654 9,923 356 175
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS L O N G T E R M ACCRUED RETIREMENT ALLOWANCE	7,577 10,563 401 271 672	5,654 9,923 356 175 531
C U R R E N T ACCOUNTS PAYABLE AND ACCRUED LIABILITIES DEFERRED CONTRIBUTIONS L O N G T E R M ACCRUED RETIREMENT ALLOWANCE ACCRUED BENEFIT LIABILITY	7,577 10,563 401 271 672	5,654 9,923 356 175 531

Consolidated Statement of Operations

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For the year ended March 31, 2003 (THOUSANDS OF DOLLARS)

	2003	2002
REVENUES		
TRANSFERS FROM ENDOWMENT FUND	\$ 51,000	\$ 55,000
HEALTH RESEARCH COLLABORATION	2,877	2,688
MEDICAL INNOVATION PROGRAM	_	1,832
DONATIONS		5
INTEREST	308	478
RECOVERIES ON TECHNOLOGY COMMERCIALIZATION	208	19
	54,393	60,022
EXPENSES		
GRANTS AND AWARDS		
PERSONNEL	34,667	35,635
TRAINING	7,343	6,980
TECHNOLOGY COMMERCIALIZATION	1,138	2,328
APPLIED HEALTH RESEARCH	1,646	1,565
OTHER	7,701	7,498
	52,495	54,006
PROGRAM DELIVERY		
HYRS PROGRAM	62	58
TECHNOLOGY COMMERCIALIZATION	42	115
HEALTH TECHNOLOGY ASSESSMENT	239	257
APPLIED HEALTH RESEARCH PROGRAMS	1,086	945
	1,429	1,375
O P E R A T I O N S		
PEER REVIEW	878	846
HUMAN RESOURCES	2,696	2,396
COMMUNICATIONS AND EDUCATION	510	412
IMPACT ANALYSIS	85	19
	4,169	3,673
A D M I N I S T R A T I O N	7	
OFFICE SERVICES	464	574
INFORMATION SERVICES	155	81
GOVERNANCE AND PLANNING	323	176
AMORTIZATION OF PROPERTY, PLANT AND EQUIPMENT	281	222
AMOUNTE AND OF THOSE WILLIAM DISTRIBUTION OF THOSE WILLIAM		
	1,223	1,053
	59,316	60,107
DEFICIENCY OF REVENUES OVER EXPENSES	\$ (4,923)	\$ (85)